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LETTER TO THE EDITOR

Age of Sex Reassignment Surgery for Male-to-Female Transsexuals

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There is much debate surrounding the classification of male-to-female (MtF) transsexuals based on sexual orientation. Central to this debate are two studies by Blanchard (1989a, 1989b) which proposed that MtF transsexuals fall into two groups based on sexual orientation prior to sex reassignment: (1) those who are homosexual (i.e., attracted only to men) and (2) those who are nonhomosexual (i.e., attracted to women, both men and women, or no one). In addition, Blanchard (1989b) diagnosed *autogynephilia* as both a sexual orientation and a paraphilic presentation in nonhomosexual MtFs—"a male's propensity to be sexually aroused by the thought of himself as a female" (see also Lawrence, 2011).

Lawrence (2007) has proposed that autogynephilia extends beyond erotic interest and involves a romantic component of becoming what is loved—women. The prevalence of Gender Dysphoria utilizing DSM-5 criteria is estimated to be 0.005–0.014 % of natal males (American Psychiatric Association, 2013). However, it is acknowledged that this may be an underestimate since not all individuals seek clinical intervention and thus may not be accounted for. Other estimates range greatly depending on country and definition of "transgender" (Meier & Labuski, 2013). In addition, the proportion of those defined as homosexual versus nonhomosexual MtFs is found to differ across countries, with higher rates of nonhomosexual MtFs associated with more individualistic cultures (Lawrence, 2010a).

Proponents of Blanchard's classification consider the two groups well characterized, differing on factors such as childhood femininity, fraternal birth order, sex reassignment surgery (SRS) regret and age of first cross-gender wishes (Blanchard, Clemmensen, & Steiner, 1987; Lawrence, 2010b; Lawrence & Zucker, 2012). The two groups of MtFs are also thought to differ in terms of the time of clinical presentation, with nonhomosexual MtFs typically being older (Lawrence, 2010b; Lawrence & Zucker, 2012). Blanchard (1991) has gone on to theorize possible etiological differences between homosexual and nonhomosexual MtFs.

Critics question the fundamental autonomy of the two groups and the generalization of autogynephillia to all nonhomosexual MtFs. They emphasize that approximately one-quarter of nonhomosexual MtFs deny a history of cross-gender fetishism and thus do not fit this category. They also object to a taxonomy built on sexual orientation in reference to birth gender and argue that such dichotomy propagates discrimination by classifying an already stigmatized group on their sexual motivations (Moser, 2010; Serano, 2010; Veale, Clarke, & Lomax, 2008). Some nonhomosexual MtFs, who transition late in life, take offense at the idea that their gender identity is considered to be based on little more than a fetish and is thus pathologized.

Nuttbrock et al. (2011) sought to replicate Blanchard's findings in a sample of 571 MtFs in New York City. They concluded that typology of MtFs based on sexual orientation was not as dichotomous as Blanchard suggests and argued that more attention should be placed on the exceptions to Blanchard's theory. However, Lawrence (2010c), in a response to Nuttbrock et al.,

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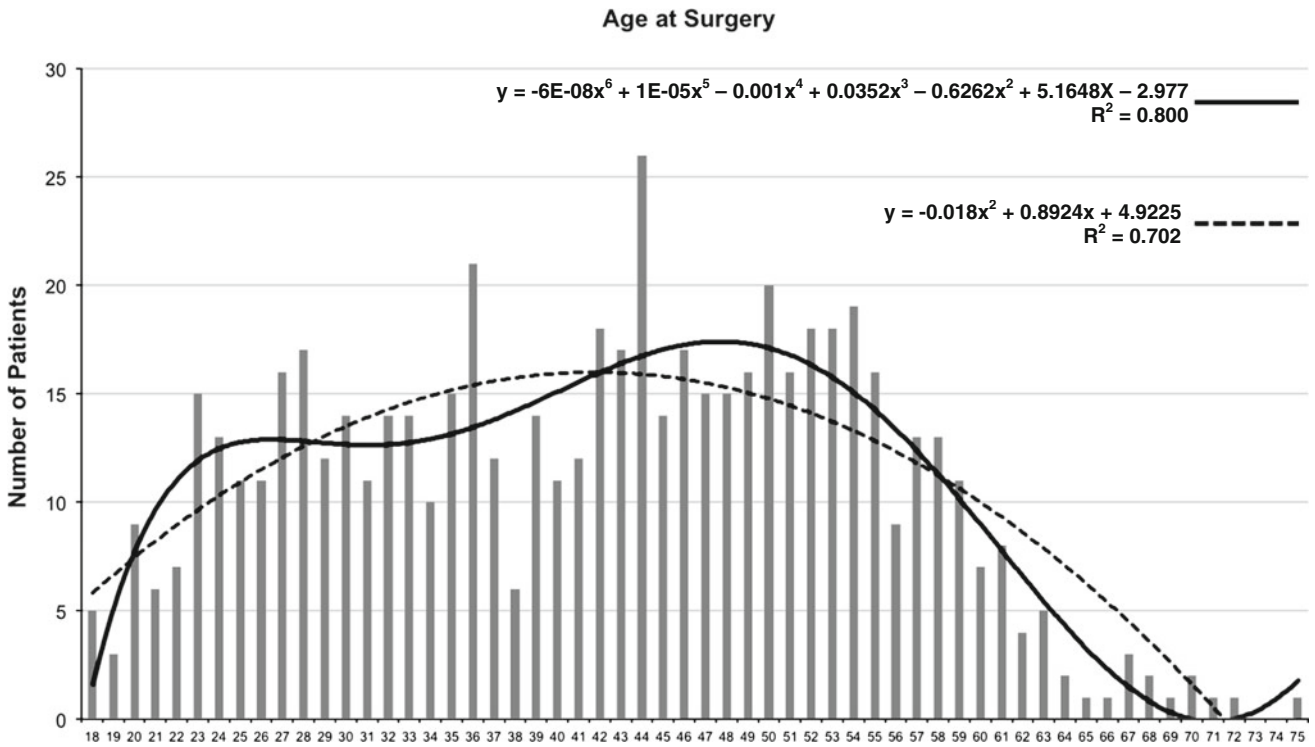

Fig. 1 Age at sex reassignment surgery for all MtF transsexual treated between 2005 and 2009 at the Centre Métropolitain de Chirurgie in Montreal ($N = 611$). Of the two curves—one a 6th order polynomial (*continuous line*) and a 2nd order polynomial (*dashed line*)—the greater fit for the higher order polynomial suggests that the data were consistent with the Blanchard hypothesis that there are two populations of MtFs (with peak ages for surgery at 27 and 47)

argued that focusing on exceptions detracted from the fact that their overall data supported Blanchard's theory.

With this debate in mind, we explored whether two distinct groups of MtFs exist based on age of SRS. Our data were taken from a retrospective chart review of 611 MtF SRSs performed from 2005 to 2009 at the Centre Métropolitain de Chirurgie of Drs. Pierre Brassard and Maud Bélanger in Montreal, Quebec. The majority of patients were Caucasian Anglophones residing in North America. The age of patients at the time of surgery ranged from 18 to 75 years old ($M \pm SD$, 41.9 ± 12.3) (Fig. 1). Assuming a single population of MtFs, a second order polynomial accounted for 0.70 of the variance. However, two peaks were evident, with distinct maxima at $\sim$27 years and $\sim$47 years. Here, a 6th order polynomial explained 0.80 of the variance. Thus, a bimodal model assuming two populations accounted for $\sim$10 % more of the variance in the distribution. These data were consistent with there being two groups of MtFs who seek SRS at different ages.

Although our data fit Blanchard's taxonomy, it would be premature to say they validate a strict MtF homosexual-nonhomosexual dichotomy. However, the two peak ages in our sample, 27 and 47, do correspond roughly with Blanchard et al.'s (1987) reported age of first clinical appointment (with average ages of 26 and 34 years, respectively). Other key data, in particular information on sexual orientation of the patients, were unavailable for our sample. Other factors, such as economic and social position, could account for the dip in the number of MtFs going forward with SRS between the ages of 27 and 47. Indeed, Blanchard (1994) found that the more children or marriages a patient had, the older he was likely to be at first clinical presentation—life events that we would expect to be more common for nonhomosexual transsexuals.

In summary, using a retrospective chart review of patients who received sex reassignment surgery in Montreal, Quebec, from 2005 to 2009, we found evidence that two groups of MtFs exist based on age of sex reassignment. Although these data do not confirm Blanchard's dichotomous partitioning of MtFs into homosexual and nonhomosexual transsexuals, they were consistent with that classification. These data need to be replicated in other MtF populations. More research is necessary to better understand the motivations for, and timing of, reassignment surgery.

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